

and other STDs is to be monogamous or to use condoms.

I have been working very hard and we have had many results with regard to the development of microbicides to help to prevent the spread of HIV and other STDs and have legislation to do so. So much more needs to be done.

I do hope that all of us in Congress will look at what we can do to stop that hemorrhage of HIV and AIDS, especially in women and young people.

WOMEN'S HISTORY MONTH AND WOMEN'S HEALTH ISSUES

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. MILLENDER-MCDONALD) is recognized for 5 minutes.

Ms. MILLENDER-MCDONALD. Mr. Speaker, as we know, we proclaimed Women's History Month last week; and the topic last week was on education, women and education. Today I rise to speak about women's health issues as part of our Women's History Month series.

Since the earliest days of the Nation, women have acted as the health gatekeepers of their families. In recent years, however, it has become clear that women have significant health concerns of their own, such as breast and cervical cancer, heart disease and osteoporosis.

But women's health issues are much more than individual diseases. It is a lifespan issue, beginning with the delivery of high-quality prenatal care services to when a woman lives out of her final days, hopefully after a full, productive and healthy life.

Sadly, though, Mr. Speaker, the health of the Nation's women is severely jeopardized by preventable illnesses, inadequate access to health care, poverty, domestic violence, chronic disease and a host of other factors.

Currently, nearly 18 percent of non-elderly women have no health insurance. Even worse, more than 30 percent of Hispanic women and nearly 25 percent of African American women between the ages of 19 and 24 have no health insurance.

Cardiovascular disease is the number one cause of death among all women. Lung cancer is the number one cancer killer of women, and its rate continues to increase. Battering is the number one cause of injury to women today, causing more injuries that require medical treatment than car crashes and mugging combined.

In addition, one study found that 25 to 45 percent of battered women experience physical violence while they are pregnant.

Much shame, Mr. Speaker. So much work needs to be done to help alleviate these startling statistics. There needs to be increased funding and more major national projects for women's health research, services and education. There is also a need to be a focus on women's

health through the life cycle: adolescent, reproductive, middle-aged and older women, since their needs are different.

Last but not least, Mr. Speaker, we need to work to eliminate barriers to health care services for underserved women.

Mr. Speaker, much work has been done in the last couple of decades concerning research and education about women's health, but there is much more to be done. When the President spoke at the State of the Union, he mentioned an increase in funding for NIH. I was pleased to hear that, because I felt that we can have an increase in funding for cervical cancer, breast cancer, lung cancer, heart disease and diabetes. So Mr. Speaker, I will be introducing a bill suggesting the increased funding for those areas.

I would also call on the President to provide the health insurance for those over 10 million children who are without health insurance and the women who are without health insurance.

So, as we celebrate Women's History Month, let us be mindful of the need for increased funding for women's health.

WOMEN'S HISTORY MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Illinois (Mrs. BIGGERT) is recognized for 5 minutes.

Mrs. BIGGERT. Mr. Speaker, as the Republican co-chair of the Congressional Women's Caucus, I am very excited about what the 107th Congress promises for women, particularly in the area of health care. There have been great strides made in recent years in the area of women's health care, and I think that since the month of March is Women's History Month, I would like to thank my colleagues from the Congressional Women's Caucus who are taking the time to come down here this afternoon out of their busy schedules to discuss women's health issues.

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I think that a number of women will be discussing issues from eating disorders, breast cancer, and long-term care; and these are issues that affect all women, no matter their age, race, nationality or sexual orientation. I commend my colleagues for continually taking the lead on these important issues and look forward to continuing our work in the 107th Congress.

Mr. Speaker, I would like to, I think, look at one issue, but I cannot begin really without talking about that, for the first time in history, that the House Subcommittee on Health will be chaired by a woman, the gentlewoman from Connecticut (Mrs. JOHNSON), our friend and colleague. That is very fitting when the issues that affect women have become so dramatic.

One of the issues that I would like to address in the area of women's health care that I care deeply about is long-

term care. I think long-term care has long been called the sleeping giant of all U.S. social problems. This issue affects all Americans but particularly women for three reasons: Number 1 is we live longer; number 2, we are the ones who take care of our aging relatives; and, number 3, we are much more likely to retire with little or no pension savings. That makes us especially vulnerable to the high costs of long-term care.

The Census Bureau estimates that there are currently 34 million Americans aged 65 and older living in the United States. By 2030, that number is expected to more than double to 70 million, some 20 percent of the population. The fact that Americans are living longer and living more healthy lifestyles than at any time before should be celebrated. However, it does present a challenging public policy problem.

These numbers demonstrate the demand for long-term home or institutional care is going to grow exponentially. Neither the public nor the private sectors have adequately planned to meet the overwhelming future demand for long-term care services.

We must increase the public's awareness of the importance of preparing for long-term needs, as well as encourage individuals to save for their future, to invest in IRAs and mutual funds and to purchase long-term care insurance policies.

In addition, we must encourage employers to provide long-term care coverage as part of their employee benefit plans.

This is why I plan to reintroduce legislation that I introduced in the 106th Congress, the Live Long and Prosper Act, Long-term Care and Retirement Enhancement to address this issue.

There are several ways my bill addresses the problem facing long-term care.

First, my bill provides an above-the-line deduction, starting with 60 percent in 2002 and rising to 100 percent in 2006, for the cost of long-term care insurance premiums paid during a given year for the taxpayer, his or her spouse and dependents.

These provisions will make long-term care insurance more financially accessible, particularly for the young and those with lower incomes.

Second, my bill gives employers the option of providing long-term care insurance coverage as part of a cafeteria plan, in which employees are able to choose from a variety of medical care or other benefits, or flexible spending account, in which employees set aside pretax dollars for copayments or deductibles on insurance plans.

Third, my bill provides an additional personal exemption to the estimated 7 million Americans who provide custodial care to an elderly relative living in their home. The exemption was valued at \$2,750 in 1999 and should help to alleviate some of the financial burdens involved with caring for a loved one at home.